This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/20/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	35347
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Lincolnville Communications Inc BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 179 (Number, street, rural route, apartment, or suite number)	
		Nobleboro, ME 04555-0179 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Lincolnville Communications Inc	353
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single st will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Lincolnville	ME
Community	Aina	ME
	Appleton	ME
d Rows as Necessary	Bremen	ME
	Bristol	ME
	Damariscotta	ME
	Boothbay Harbor	ME
	East Boothbay	ME
	Edgecomb	ME
		ME
	Hope	
	Jefferson	ME
	Newcastle	ME
	Nobleboro	ME
	Searsmont	ME
	South Bristol	ME
	Union	ME
	Walpole	ME
	Waldoboro	ME
	Rockland	ME
	Belfast	ME
	Camden	ME
	Northport	ME

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	-2E. PAGE
Name	Lincolnville Communica	tions Inc							3534
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in si system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include discc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	SERVICE: SU bace E should on of television ay cable) in sp (June 30 or D blocks in span transmission umber of billing ice at the rate in harged for eact (Example: "\$2 ounts allowed in space E, the to their subsc where an interest of the space the space E, the	cover a and rac ace F, r ecembe ce E cal service. gs in tha indicate h catege 20/mth") for adva e form li ribers. ( dividual	Il categories of tio broadcasts not here. All the er 31, as the ca Il for the numbe . In general, yo at category (the d—not the num ory of service. ). Summarize a ance payment. ists the categor Give the numbe or organizatior	secondary by your sy- a facts you se may be of subsc u can com number of ber of sets include bo ny standar ies of seco or of subsc is receivin	stem to subscrit state must be t ). ribers to the cat pute the numbe persons or org s receiving serv th the amount o d rate variations ondary transmis ribers and rate th ng service that f	pers. Give i hose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic for each lis alls under	information ng on the broken ibers in charged e and the particular rate e that cable ted category different	
	subscriber who pays extra for ca first set" and would be counted o <b>Block 2:</b> If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	nce again und nas rate catego ers of services nd rates, in the	er "Serv ories for s that inc	vice to additionation secondary train clude one or me	al set(s)." Ismission Dre second	service that are lary transmissic	different fr ns), list the on of the s	om those em, together ervice is	
	BLC	DCK 1 NO. OF	. 1				BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		118	40.95	Tier 1			532	90.9
	<ul> <li>Service to additional set(s)</li> </ul>				Tier 2			69	109.9
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel		323	16.00					
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem fur je was n	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any secon nformation cond formation shoul arged on a varia upplicable servic he accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services oth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential		Add		-
	• Pay cable			tel, hotel				nal Outlet	5.0
	Pay cable—add'l channel     Fire protection			mmercial y cable			DVR Se	utlet - DVR	9.0 7.0
	Fire protection     Burglar protection				annol		HBO	ervice	20.0
	•Burglar protection Installation: Residential		-	y cable-add'l ch e protection	annei		Cinema	X	20.0 10.0
	First set	55.00		e protection			SHO/T		13.
	Additional set(s)	30.00		services:			PlayBo		7.0
	• FM radio (if separate rate)	50.00		connect			Reality		7.0
	Converter			connect			Encore		12.
				tlet relocation					

				FORM SA1-2E. PAGE 3
lame	LEGAL NAME OF OWNER OF			SYSTEM ID:
	Lincolnville Commun			35347
G smitters: evision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of iles, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carried on concerning substitute basis stations of's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also program services such as HBO, ESP e-air designation. For example, repor evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			N	
	WLBZ WABI	2 5		Bangor, ME
	WABI	5	N N	Bangor, ME Portland, ME
Necessary	<b>VVIVI I VV</b>	<b>U</b>	N	
	W/\/II	7	N	
·	WVII	7	<u>N</u>	Bangor, ME
·	WMEB	12	E	Bangor, ME Orono, ME
·	WMEB WCSH	12 12	E N	Bangor, ME Orono, ME Portland, ME
	WMEB WCSH WGME	12 12 13	E N N	Bangor, ME Orono, ME Portland, ME Portland, ME
·	WMEB WCSH WGME WFVX	12 12 13 22	E N N N	Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX	12 12 13 22	E N N N	Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME Orono, ME Portland, ME Portland, ME Bangor, ME Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME         Orono, ME         Portland, ME         Portland, ME         Bangor, ME         Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME         Orono, ME         Portland, ME         Portland, ME         Bangor, ME         Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME         Orono, ME         Portland, ME         Portland, ME         Bangor, ME         Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME         Orono, ME         Portland, ME         Portland, ME         Bangor, ME         Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME         Orono, ME         Portland, ME         Portland, ME         Bangor, ME         Lewiston, ME
	WMEB WCSH WGME WFVX WPME	12 12 13 22 35	E N N N N	Bangor, ME         Orono, ME         Portland, ME         Portland, ME         Bangor, ME         Lewiston, ME

Accounting P							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF Lincolnville								SYSTEM ID#
LINCOINVIIIE	Communic	alions						35347
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing	y the sys be receint t the Co sign of the static ion's sig g a check	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the			00, 11		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/1					FOF	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Lincolnville Communi	cations In	C				35347
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, identi					ion, that your cable syste	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or authorizations	. For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN						
Special Statement and	<ul> <li>During the accounting per</li> </ul>	•	r cable system	carry, on a substitute basi	s, any nonne	twork television prograr	n
Program Log	broadcast by a distant star	tion?				YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their meaning is	6
	clear. If you need more spa			ows to the tables. sion program ("substitute	nrogram") tha	t during the accounting	r
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informatio	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		
				e community to which the			
	the case of Mexican or Can Column 5: Give the mon			tem carried the substitute			nth
	first. Example: for May 7 giv		when you byo		program. ooc	numerais, with the mo	
	Column 6: State the time	es when the		gram was carried by your			ely
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	imming that v	our system was require	ed
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S		E PROGRAM			AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
							"
						_	
						—	
							"
						_	
							1
						—	
					ין <u>ו</u>		

Accounting Period:	2018/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lincolnville Communications Inc			S	8YSTEM ID# 35347
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts	system's s	econdary trans to compute this	mission servi s amount, see \$ 35	ce
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 f • Use block 3 if the amount of gross receipts in space K is more than \$263,800 f See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00				1
	Line 1. Royalty fee for accounting period         Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line	oc 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	,	263,800.00	,	
	2. Enter amount of gross receipts from space K				
	Subtract line 2 from line 1				
	-				
	<ul> <li>4. Enter the amount of gross receipts from space K</li> <li>5. Enter the amount from line 3</li> </ul>				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8		••••••		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	351,389.00		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		87,589.00		
	4. Multiply line 3 by .01			875.89	
	<ol> <li>Royalty due on the first \$263,800 of gross receipts (under statutory formula)</li> </ol>			1,319.00	
	<ol> <li>6. Interest charge. Enter the amount from line 4, space Q, page 8</li></ol>			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 1	5, and 6.	••••••	\$	2,194.89
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,194.89	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,214.89
	Important: Your remittance must be in the form of an electronic paymonic see page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Communications Inc		SYSTEM ID# 35347
M Channels	to its subscrib	pers, and (2) the cable system's	of channels on which the cable system carried television broadcast stations total number of activated channels during the accounting period.	
		otal number of channels on white television broadcast stations	s	26
	on which the	otal number of activated channe e cable system carried televisio adcast services		231
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of accou	THER INFORMATION IS NEEDED (Identify an individual to whom unt.)	
for Further Information	Name	Shirley Manning	Telephone	207-563-9911
	Address	Lincolnville Commu (Number, street, rural route, apa	unications, Inc PO Box 179 artment, or suite number)	
		Nobleboro, ME 0455 (City, town, state, zip)	55-0179	
	Email		Fax (optional)	
	CERTIFICATIO	<b>DN</b> (This statement of account r	must be certified and signed in accordance with Copyright Office regulations)	
O Certification			one, but only one, of the boxes.)	
	(Ow	vner other than corporation or	partnership) I am the owner of the cable system as identified in line 1 of space B;	; or
			ration or partnership) I am the duly authorized agent of the owner of the cable sy owner is not a corporation or partnership; or	stem as identified
	X (Of	fficer or partner) I am an officer in line 1 of space B.	(if a corporation) or a partner (if a partnership) of the legal entity identified as owned	er of the cable system
	are true, comp		d hereby declare under penalty of law that all statements of fact contained herein hy knowledge, information, and belief, and are made in good faith.	
			X /s/ Cathy Pelletier	
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	ed name: Cathy Pelletier	
		Title: (Title of	Vice President of Administration	

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ounting Period: 2018/1	FORM SA1-2E.
AL NAME OF OWNER OF CABLE SYSTEM:	SYST
colnville Communications Inc	3
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not incoss scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	basic clude sub- n 119." Concerning G Receipts Exclu
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under	payment.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	2 form. Q Interest Assess
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	Interest Assess
Line 1 Enter the amount of late payment or underpayment	Interest Assess
Line 1 Enter the amount of late payment or underpayment	Interest Assess
Line 1 Enter the amount of late payment or underpayment	Interest Assess days 274
Line 1 Enter the amount of late payment or underpayment	Interest Assess - days - 274 - charge)
Line 1 Enter the amount of late payment or underpayment	Interest Assess - days - 274 - charge)
Line 1 Enter the amount of late payment or underpayment	Interest Assess - days - 274 - charge) ce please xe, please
Line 1 Enter the amount of late payment or underpayment	Interest Assess - days - 274 - charge) ce please xe, please
Line 1 Enter the amount of late payment or underpayment	Interest Assess - days - 274 - charge) ce please xe, please
Line 1 Enter the amount of late payment or underpayment	Interest Assess - days - 274 - charge) ce please xe, please
Line 1 Enter the amount of late payment or underpayment	Interest Assess - days - 274 - charge) ce please xe, please
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